**DECLARATION AND POWER OF ATTORNEY
(UNASSIGNED NONPROVISIONAL APPLICATION)**

I, the below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below at 201 et seq. beneath my name.

I believe I am the original, first and sole inventor if only one name is listed at 201 below, or an original, first and joint inventor if plural names are listed at 201 et seq. below, of the subject matter which is claimed and for which a patent is sought on the invention entitled

IMPLANTABLE MEDICAL DEVICE WITH BENEFICIAL AGENT CONCENTRATION GRADIENT

and for which a patent application:

- ☐ is attached hereto and includes amendment(s) filed on (if applicable)
- ☒ was filed in the United States as Application No. 10/777,283 on February 11, 2004 (for declaration not accompanying application)
with amendment(s) filed on (if applicable)
- ☐ was filed as PCT international Application No. on and was amended under PCT Article 19 on (if applicable)

I hereby state that I have reviewed and understand the contents of the above identified application, including the claims, as amended by any amendment referred to above;

I acknowledge the duty to disclose information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, §1.56;

I hereby claim foreign priority benefits under Title 35, United States Code, §119(a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

EARLIEST FOREIGN APPLICATION(S), IF ANY, FILED PRIOR TO THE FILING DATE OF THE APPLICATION				
APPLICATION NUMBER	COUNTRY	DATE OF FILING (day, month, year)	PRIORITY CLAIMED	
			YES <input type="checkbox"/>	NO <input type="checkbox"/>
			YES <input type="checkbox"/>	NO <input type="checkbox"/>

I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional application(s) listed below:

PROVISIONAL APPLICATION NUMBER	FILING DATE

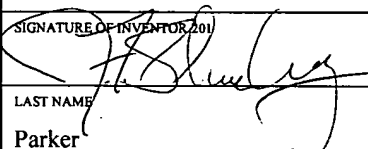
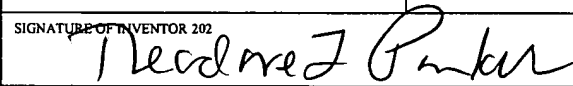
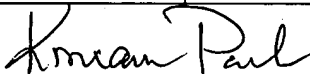
I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information known to me which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:

NON-PROVISIONAL APPLICATION SERIAL NO.	FILING DATE	STATUS		
		PATENTED	PENDING	ABANDONED
10/402,893	March 28, 2003		X	

POWER OF ATTORNEY: As a named inventor, I hereby appoint Cindy A. Lynch (Reg. No. 38,699), my attorney, to prosecute this application, and to transact all business in the Patent and Trademark Office connected herewith.

SEND CORRESPONDENCE TO:	Cindy A. Lynch Conor MedSystems 1003 Hamilton Court Menlo Park, CA 94025 PTO Customer No. 043027	DIRECT TELEPHONE CALLS TO: Cindy A. Lynch (650) 614-4100

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

2 0 1	FULL NAME OF INVENTOR	LAST NAME Shanley	FIRST NAME John	MIDDLE NAME F.	
	RESIDENCE & CITIZENSHIP	CITY Redwood City	STATE OR FOREIGN COUNTRY CA	COUNTRY OF CITIZENSHIP USA	
	POST OFFICE ADDRESS	STREET 769 Upland Road	CITY Redwood City	STATE OR COUNTRY CA	ZIP CODE 94061
	SIGNATURE OF INVENTOR 201 			DATE 6-21-04	
2 0 2	FULL NAME OF INVENTOR	LAST NAME Parker	FIRST NAME Theodore	MIDDLE NAME L.	
	RESIDENCE & CITIZENSHIP	CITY Danville	STATE OR FOREIGN COUNTRY CA	COUNTRY OF CITIZENSHIP USA	
	POST OFFICE ADDRESS	STREET 634 Dunhill Drive	CITY Danville	STATE OR COUNTRY CA	ZIP CODE 94506
	SIGNATURE OF INVENTOR 202 			DATE 6/21/04	
2 0 3	FULL NAME OF INVENTOR	LAST NAME Park	FIRST NAME Kinam	MIDDLE NAME	
	RESIDENCE & CITIZENSHIP	CITY West Lafayette	STATE OR FOREIGN COUNTRY IN	COUNTRY OF CITIZENSHIP USA	
	POST OFFICE ADDRESS	STREET 455 Lagrange Street	CITY West Lafayette	STATE OR COUNTRY IN	ZIP CODE 47906
	SIGNATURE OF INVENTOR 203 			DATE 6/17/04	
2 0 4	FULL NAME OF INVENTOR	LAST NAME	FIRST NAME	MIDDLE NAME	
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP	
	POST OFFICE ADDRESS	STREET	CITY	STATE OR COUNTRY	ZIP CODE
	SIGNATURE OF INVENTOR 204			DATE	
2 0 5	FULL NAME OF INVENTOR	LAST NAME	FIRST NAME	MIDDLE NAME	
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP	
	POST OFFICE ADDRESS	STREET	CITY	STATE OR COUNTRY	ZIP CODE
	SIGNATURE OF INVENTOR 205			DATE	